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USPTO FACSIMILE COVER SHEET

To: Commissioner for Patents
Fax Number: (703) 872-9306
Date: June 30, 2005
Pages: 24 pages (including this cover sheet)

MESSAGE:

METHOD, APPARATUS AND COMPUTER PROGRAM PRODUCT FOR
INTEGRATING HETEROGENEOUS SYSTEMS

Application No. 09/683,902

Examiner J. R. Maniawang

Art Unit 2144

Amendment Transmittal

Change of Correspondence Address

Amendment

GB20000092US1

(590.169)

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Amendment Transmittal

JUN 30 2005

Atty. Docket No. GB20000092US1
(590.169)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of : Charters et al.
Serial No. : 09/683,902 Examiner : J. R. Maniwang
Filed : February 28, 2002 Group Art Unit : 2144
For : METHOD, APPARATUS AND COMPUTER PROGRAM PRODUCT
FOR INTEGRATING HETEROGENEOUS SYSTEMS

COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

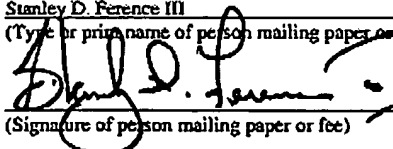
1. ☐ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF TRANSMISSION UNDER 37 CFR § 1.8(a)

I hereby certify that this paper (along with any referred to as being attached or enclosed) is being facsimile transmitted on (703) 872-9306 on June 30, 2005, to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

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Amendment Transmittal

Atty. Docket No. GB20000092US1
(590.169)

5. ☒ Also enclosed: Change of Correspondence Address
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

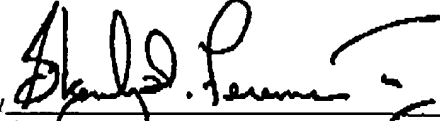
	Claims Remaining After Amendment (Col. 1)	Highest No. Prev. paid for (Col. 2)	Present Extra (Col. 3)	SMALL ENTITY		OTHER THAN A SMALL ENTITY	
				RATE	FEE	RATE	FEE
Total Claims	56	** 56	= * 0	x \$25	=	O x \$50	= 0
Ind. Claims	3	*** 3	= * 0	x \$100	=	O x \$200	= 0
<input type="checkbox"/> Multiple Dependent Claim Presented				+ \$180	=	O + \$360	=
				TOTAL	= \$	TOTAL	= \$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
 ** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space
 *** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES

By 
 Stanley D. Ference III
 Reg. No. 33,879

Dated: June 30, 2005

Mailing Address:

Customer No. 47049
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